AMENDMENT TRANSMITTAL LETTER							Docket No. 3049-0133P	
Application No. 10/658,759-Conf. #3926		3			Examiner		Art Unit	
					G. Spahr	<u> </u>	3635	
plicant(s): Mar	k Dillon et al.							
vention: BOTTC Amend	OM PAD/BUMF led)	PER ASSEMBI	Y FOR LOA	DING [OCKS WIT	H LEVELE	ER (As	
S Amendment ommissioner for D. Box 1450 exandria, VA 223								
ransmitted here					olication.			
he fee has beer	r calculated an	d is transmitte	d as shown b	elow.				
	1		S AS AMENI	DED		1		
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present		Rate			
Total Claims	18	- 21 =	0	х	25.00		0.00	
Independent Claims	2	- 3 =	0	х	105.00		0.00	
Multiple Depend	lent Claims (ch	eck if applicabl	e)					
							525.00	
Other fee (please specify): Extension for response within third month								
TOTAL ADDIT	1	525.00						
Large Entity				X	Small Entity	<i>!</i>		
No additiona	Il fee is require	d for this amer	ndment.					
X Please charg	•			the ar	mount of \$	525.0		
-	copy of this she							
	e amount of \$			sed.				
Payment by	credit card. Fo	orm PTO-2038	is attached.					
X The Director as described	is hereby auth I below. A dup					lo. <u>02</u>	-2448	
x Credit ar	ny overpaymen	it.						
x Charge a	ny additional fili	ng or applicatio	n processing f	ees rec				
James M. Slatte	- 1-XCV	<u> </u>			Dated:	December	6, 2007	
Attorney Reg. N		\bigcup						
BIRCH, STEWA 8110 Gatehouse Suite 100 East P.O. Box 747 Falls Church, Vi	e Road		.P					
(703) 205-8015	-	- · · ·						

Birch, Stewart, Kolasch & Birch, LLP

JMS/ljr

PTO/SB/17 (10-07)

Approved for use through 06/30/2010, OMB 0651-0032

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Effective on 12/08	2004	Complete if Known									
Fees pursuant to the Consolidated Approp	Application Number	10/658,759-C	10/658,759-Conf. #3926								
FEE TRANS	Filing Date	September 10	September 10, 2003								
For FY 20	First Named Invento	or Mark Dillon									
1011120	Examiner Name G. Spahn										
X Applicant claims small entity stat	us. See 37 CFR 1,27	Art Unit	3635								
TOTAL AMOUNT OF PAYMENT	Attorney Docket No.	3049-0133P									
METHOD OF PAYMENT (check all that apply)											
Check Credit Card Money Order None Other (please identify):											
X Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP											
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)											
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee											
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17											
FEE CALCULATION											
1. BASIC FILING, SEARCH, AND EXAMINATION FEES											
FII	_ING FEES SE Small Entity	ARCH FEES EX Small Entity	AMINATION FEES Small Entity								
Application Type Fee (\$			e (\$) Fee (\$)	Fees Paid (\$)							
Utility 310	155 510	255 2	105								
Design 210	105 100	50 1	30 65								
Plant 210	105 310	155 1	60 80								
Reissue 310	155 510	255 6	520 310								
Provisional 210	105 0	0	0 0								
2. EXCESS CLAIM FEES Small Entity											
Fee Description	Fee (\$) Fee (\$)										
Each claim over 20 (including Reisst Each independent claim over 3 (including	50 25										
Multiple dependent claims	210 105										
Total Claims Extra Claims 18 -21 = 0 x		.00	Fee Paid (\$)								
HP = highest number of total claims paid for.		.00	Fee (\$)	ee raid (9)							
Indep. Claims Extra Claims	Fee (\$) Fee F	Paid (\$)		······································							
		.00									
HP = highest number of independent claims	paid for, if greater than 3.	The state of the s									
3. APPLICATION SIZE FEE											
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).											
Total Sheets Extra Sheets		dditional 50 or fraction t	hereof Fee (\$)	Fee Paid (\$)							
• 100 =				<u>- ce / ma jor</u>							
- 100 = /50 = (round up to a whole number) x = 4. OTHER FEE(S) Fees Paid (\$)											
Non-English Specification, \$130 fee (no small entity discount)											
Other (e.g., late filing surcharge): 2253 Extension for response within third month 525.0											
SUBMITTED BY	0.4										
Signature Om .	Kathe 1	Registration No. (Allorney/Agent) 28,	380 Telephone	(703) 205-8015							
Name (Print/Type) James M. Slattery			Date [December 6, 2007							